

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

38188

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 791
Primary Registration District No. 003

File No.....
Registered No. 9825
St. Ward)

2. FULL NAME

(a) Residence, No. 45822 Plummer Dr. 10 Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7, 1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 1 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

13. NAME Fred W. Krueger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Johanna R. Krahmann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. E. H. Eller, 45822 Plummer Dr.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles DATE Nov. 16, 1933

19. UNDERTAKER (ADDRESS) W. H. Hermann, 1111 E. Grand St. St. Louis

20. FILED 11 1933 J. Herdeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1933, to Nov. 13, 1933. I last saw her alive on Nov. 13, 1933. Death is said to have occurred on the date stated above, at 8:30 a.m. The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis
59
822
Other contributory causes of importance: Diabetes Mellitus

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19...
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify.....
(Signed) W. A. Uphelmeyer, M. D.
(Address) 1511 E. Grand St.

